



**Missouri Department of Health and Senior Services
Section for Environmental Public Health
Out-of-State *Radiation Machine* Registration Form**

I. CONTACT INFORMATION:

DATE: _____

USER NAME: _____ Telephone: _____

Requested start date for use: _____ Stop Date _____ Length of use: _____

Location/address of use: _____

Description of site: _____

Machine use: _____

II. RADIATION MACHINE INFORMATION:

Owner name/company: _____

Manufacturer: _____

NRC/AS license number: _____

Model number: _____ Serial number: _____

Maximum kVp: _____ Maximum mA: _____

Owner Signature: _____ Date: _____

Owner Printed Name: _____ Telephone: _____

Fax Number: _____

Send information to:

Missouri Department of Health and Senior Services
Section for Environmental Public Health
930 Wildwood P.O. Box 570
Jefferson City, MO 65102
(573) 751-6111 Fax #: (573) 526-6946

DHSS Use Only

Approval Signature _____ Date: _____